



EDMUND G. BROWN JR.  
GOVERNOR

MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

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**State Water Resources Control Board**  
Division of Drinking Water

March 26, 2018  
Certified Mail/Return  
7012 3460 0003 1112 9516

Adam's Vegetable Oils  
7301 John Galt Way  
Arbuckle, CA 95912

Attention: Lee Smith, Operations Manager

**RE: Adam's Vegetable Oils, Public Water System No. 0605012 – Citation No. 21-18C-011 for Exceedance of the Bacteriological Maximum Contaminant Level in March of 2018.**

Enclosed is a citation issued to the Adam's Vegetable Oils (System). The citation is being issued because the System failed to achieve the drinking water standard for total coliform bacteria during the month of March 2018. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because the System has failed to achieve the TCR drinking water standard more than once in the last 12 months (due to a previous failure in June 2017), the Federal Revised Total Coliform Rule (rTCR) requires a Level 2 Assessment of the System (See Attachment D). Division staff have completed this Assessment and it is important that you take special note to complete the identified deficiencies therein, if not already done so. A responsible party for your water system must sign, thereby acknowledging, this Assessment and corrective actions, and return it to the Division within 30 days of the issuance of this citation

**Please note the following directives and due dates specified in the enclosed citation:**

1. Provide Public Notification **within 30 days** of receipt of this citation.
2. Complete and return Public Notification certification **within 10 days** of giving public notice.
3. Sign and return Level 2 Assessment **within 30 days** of receipt of this citation.
4. **By August 1, 2018** address all deficiencies specified in the statement of facts
5. Collect 5 routine bacteriological samples **in April of 2018.**

Any person who is aggrieved by an order or decision issued by the Division, may file a petition with the State Water Board for reconsideration of the order or decision. Petitions must be received by the State Board within 30 days of the issuance of the order or decision. The date of issuance is the date when the Division mails a copy of the order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions

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FELICIA MARCUS, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | [www.waterboards.ca.gov](http://www.waterboards.ca.gov)

must be received by 5:00 p.m. See attached Applicable Authorities for relevant statutory provisions for filing a petition.

For more Information regarding filing petitions, visit the following website:  
[http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,



Reese B. Crenshaw, P.E.  
Valley District Engineer  
Drinking Water Field Operations Branch

Enclosures

1 **Citation No. 21-18C-011**

2  
3 **STATE OF CALIFORNIA**  
4 **WATER RESOURCES CONTROL BOARD**  
5 **DIVISION OF DRINKING WATER**  
6

7 **Public Water System:** Adam's Vegetable Oils

8 **Water System No.:** 0605012

9  
10 **To:** Adam's Vegetable Oils  
11 Attn: Lee Smith, Operations Manager  
12 7301 John Galt Way  
13 Arbuckle, CA 95912  
14

15 **Issued:** March 26, 2018  
16 VIA CERTIFIED MAIL  
17  
18

19 **CITATION FOR NONCOMPLIANCE**  
20 **With Title 22 California Code of Regulations**  
21 **Section 64426.1(b)**  
22

23 Section 116650 of the California Health and Safety Code (CHSC) authorizes the  
24 issuance of a citation for failure to comply with a requirement of the California Safe  
25 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with  
26 Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and  
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director  
3 for the Division, hereby issues a citation to Adam's Vegetable Oils for failure to  
4 comply with Section 64426.1 (b), Title 22, of the California Code of Regulations (CCR).

## 5 6 **APPLICABLE AUTHORITIES**

7 See **Attachment 'A'** for a list of the applicable authorities.  
8

## 9 **STATEMENT OF FACTS**

10 The Adam's Vegetable Oils, domestic water system (System) is classified as a  
11 nontransient noncommunity water system serving approximately 90 persons per day.  
12 In accordance with Section 64423 of Title 22, the System is required to collect one  
13 routine bacteriological sample per month, unless there was a positive bacteriological  
14 sample the previous month; in which case, five routine bacteriological samples are  
15 required. A routine sample collected on March 1, 2018, indicated the presence of  
16 total coliform bacteria and E. Coli bacteria. Furthermore, one out of six repeat  
17 samples collected on March 5, 2018, also indicated the presence of total coliform  
18 bacteria. No repeat samples indicated the presence of E. Coli.  
19

20 During a water system inspection performed on July 28, 2017, the following system  
21 deficiencies were discovered; along with corresponding solutions:  
22

- 23 • Well 01 currently does not meet well standards as its surface features  
24 terminate below grade. The current plans are to rehabilitate the well to  
25 meet well standards and be used as the only drinking water source.  
26

- Well 02 currently does not meet well standards due to surface feature deficiencies. The current plans are to physically disconnect this well from the drinking water system and use solely for irrigation and fire suppression.
- There are multiple failed bladder style pressure tanks and storage tanks that are not constructed per California standards. The current plans are to eliminate all pressure tanks and storage tanks, and replace with a single, larger pressure tank.

#### DETERMINATIONS

The Division has determined that the System violated Section 64426.1(b)(2,4), Title 22, of the CCR, in that more than one sample contained total coliform bacteria, and that a repeat sample following an E. coli – positive routine sample was total coliform positive. The System also triggered a Level 2 Assessment for March 2018 per the revised Total Coliform Rule (rTCR), codified in Title 40 of the Code of Federal Regulations (CFR), Section 141.859.

#### DIRECTIVES

The System is hereby directed to take the following actions:

1. **Within 30 days** of the issuance of this Citation, provide public notification in accordance with **Attachment B**, to all persons served by the System of the MCL violation as required by Section 64463.4(c) and Section 64465, Title 22, of the CCR. Notification shall be completed in accordance Section 64463.4(c)(2) specified in the attached Applicable Authorities. Changes and/or

modifications to **Attachment B** shall not be made unless approved by the Division.

2. Complete and return **Attachment C**, "Certification of Completion of Public Notification" form **within 10 days** of giving public notice. A copy of the notice used to provide public notification shall be attached to the form.
3. **Within 30 days** of receipt of this Citation, submit a signed copy of the Level 2 Assessment (**Attachment D**) to the Division; verifying that all deficiencies specified therein have been, or will be corrected.
4. By **August 1, 2018**, address the following deficiencies discovered during the July 28, 2017 water system inspection:
  - a. Rehabilitate Well 01 to meet California Well Standards
  - b. Disconnect Well 02 from the drinking water system.
  - c. Eliminate drinking water storage tanks and pressure tanks and replace with a single larger pressure tank.
5. Collect and report five (5) routine bacteriological samples in the distribution system in the month of **April 2018**, unless otherwise waived by the State Board.

All documents required by this Citation to be submitted to the Division shall be submitted to the following address:

Reese B. Crenshaw, P. E.  
Valley District Engineer  
Drinking Water Field Operations

1 Division of Drinking Water  
2 State Water Resources Control Board  
3 364 Knollcrest Drive, Suite 101  
4 Redding, CA 96002  
5 (530) 224-4800  
6

7 Nothing in this Citation relieves the System of its obligation to meet the requirements  
8 of Health and Safety Code, Division 104, Part 12, Chapter 4 (California Safe Drinking  
9 Water Act), or any regulation, permit, standard or order issued or adopted thereunder.  
10

11 The Division reserves the right to make such modifications to this Citation, as it may  
12 deem necessary to protect public health and safety. Such modifications may be  
13 issued as amendments to this Citation and shall be effective upon issuance.  
14

#### 15 **FURTHER ENFORCEMENT ACTION**

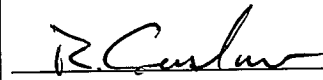
16 The California SDWA authorizes the State Board to: issue citation with assessment of  
17 administrative penalties to a public water system for violation or continued violation of  
18 the requirements of the California SDWA or any permit, regulation, permit or order  
19 issued or adopted thereunder including, but not limited to, failure to correct a violation  
20 identified in a citation or compliance order. The California SDWA also authorizes the  
21 State Board to take action to suspend or revoke a permit that has been issued to a  
22 public water system if the system has violated applicable law or regulations or has  
23 failed to comply with an order of the State Board; and to petition the superior court to  
24 take various enforcement measures against a public water system that has failed to  
25 comply with an order of the State Board. The State Board does not waive any further  
26 enforcement action by issuance of this citation.  
27  
28

**PARTIES BOUND**

This Citation shall apply to and be binding upon the System, its officers, directors, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any other provision.



Reese B. Crenshaw, P.E., District Engineer  
Valley District  
Drinking Water Field Operations Branch

3/26/18

Date

**Attachments:**

- Attachment 'A' - Applicable Authorities
- Attachment 'B' - Public Notification Template
- Attachment 'C' - Certification of Completion
- Attachment 'D' - rTCR Level 2 Assessment Form



**APPLICABLE AUTHORITIES**

**Section 116650 of the CHSC states in relevant part:**

- (a) If the Department determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the department may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.*
- (b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.*
- (c) A citation may specify a date for elimination or correction of the condition constituting the violation.*
- (d) A citation may include the assessment of a penalty as specified in subdivision (e).*
- (e) The department may assess a penalty in an amount not to exceed one thousand dollars (\$1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation.*

**Section 116701 of the CHSC states in relevant part:**

**Petitions to Orders and Decisions**

- (a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.*
- (b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.*
- (c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.*
- (d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.*

ATTACHMENT A

- (e) *The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.*
- (f) *If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700.*

**Section 64423(a)(2), Title 22, of the CCR states in relevant part:**

- (2) *The minimum number of samples for nontransient-noncommunity water systems shall be based on the known population served as shown in Table 64423-A during those months when the system is operating. A nontransient-noncommunity water system using groundwater which serves 25-1000 persons may request from the State Board a reduction in monitoring frequency if it has not violated the requirements in this article during the past twelve months. The minimum reduced frequency shall not be less than one sample per quarter.*

**Table 64423-A**  
**Minimum Number of Routine Total Coliform Samples**

<i>Monthly Population Served</i>	<i>Service Connections</i>	<i>Minimum Number of Samples</i>
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week

**Table 64423-A**  
**Minimum Number of Routine Total Coliform Samples**

<i>Monthly Population Served</i>	<i>Service Connections</i>	<i>Minimum Number of Samples</i>
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week
59,001 to 70,000	21,101 to 25,000	18 per week
70,001 to 83,000	25,001 to 29,600	20 per week
83,001 to 96,000	29,601 to 34,300	23 per week
96,001 to 130,000	34,301 to 46,400	25 per week
130,001 to 220,000	46,401 to 78,600	30 per week
220,001 to 320,000	78,601 to 114,300	38 per week
320,001 to 450,000	114,301 to 160,700	50 per week
450,001 to 600,000	160,701 to 214,300	55 per week
600,001 to 780,000	214,301 to 278,600	60 per week
780,001 to 970,000	278,601 to 346,400	70 per week
970,001 to 1,230,000	346,401 to 439,300	75 per week
1,230,001 to 1,520,000	439,301 to 542,900	85 per week
1,520,001 to 1,850,000	542,901 to 660,700	90 per week
1,850,001 to 2,270,000	660,701 to 810,700	98 per week
2,270,001 to 3,020,000	810,701 to 1,078,600	105 per week
3,020,001 to 3,960,000	1,078,601 to 1,414,300	110 per week
3,960,001 or more	1,414,301 or more	120 per week

**Section 64426.1(b), Title 22, of the CCR states in relevant part:**

*(b) A public water system is in violation of the total coliform maximum contaminant level (MCL) when any of the following occurs:*

*(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or*

ATTACHMENT A

- (2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or*
- (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or,*
- (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.*

**Section 64463.4(c)(2), Title 22, of the CCR states in relevant part:**

*Unless otherwise directed by the Division in writing based on its assessment of the violation or occurrence and the potential for adverse effects on public health and welfare, noncommunity water systems shall give the public notice by:*

- (A) Posting in conspicuous locations throughout the areas served by the water system; and*
- (B) Using one or more of the following methods to reach persons not likely to be reached by a public posting:*
  - 1. Publication in a local newspaper or newsletter distributed to customers:*
  - 2. E-mail message to employees or students:*
  - 3. Posting on the Internet or intranet: or*
  - 4. Direct delivery to each customer.*

**Section 141.859(a)(1), Title 40 of the CFR, states in relevant part:**

*(a) Treatment technique triggers. Systems must conduct assessments in accordance with paragraph (b) of this section after exceeding treatment technique triggers in paragraphs (a)(1) and (a)(2) of this section.*

*(1) Level 1 treatment technique triggers.*

- i. For systems taking 40 or more samples per month, the system exceeds 5.0% total coliform-positive samples for the month.*
- ii. For systems taking fewer than 40 samples per month, the system has two or more total coliform-positive samples in the same month.*
- iii. The system fails to take every required repeat sample after any single total coliform-positive sample.*

*(2) Level 2 treatment technique triggers.*

- i. An E. coli MCL violation, as specified in § 141.860(a).*
- ii. A second Level 1 trigger as defined in paragraph (a)(1) of this section, within a rolling 12-month period, unless the State has determined a likely reason that the samples that caused the first Level 1 treatment technique trigger were total coliform-positive and has established that the system has corrected the problem.*
- iii. For systems with approved annual monitoring, a Level 1 trigger in two consecutive years.*

ATTACHMENT A

*(b) Requirements for assessments.*

*(3) Level 1 assessments. A system must conduct a Level 1 assessment consistent with State requirements if the system exceeds one of the treatment technique triggers in paragraph (a)(1) of this section.*

- i. The system must complete a Level 1 assessment as soon as practical after any trigger in paragraph (a)(1) of this section. In the completed assessment form, the system must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified. The system must submit the completed Level 1 assessment form to the State within 30 days after the system learns that it has exceeded a trigger.*
- ii. If the State reviews the completed Level 1 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days from the date of the consultation.*
- iii. Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 1 trigger and, if so, establish that the system has corrected the problem, or has*

## ATTACHMENT A

*included a schedule acceptable to the State for correcting the problem.*

*(4) Level 2 assessments. A system must ensure that a Level 2 assessment consistent with State requirements is conducted if the system exceeds one of the treatment technique triggers in paragraph (a)(2) of this section. The system must comply with any expedited actions or additional actions required by the State in the case of an E. coli MCL violation.*

*i. The System must ensure that a Level 2 assessment is completed by the State or by a party approved by the State as soon as practical after any trigger in paragraph (a)(2) of this section. The system must submit a completed Level 2 assessment form to the State within 30 days after the system learns that it has exceeded a trigger. The assessment form must describe sanitary defects detected, corrective actions completed, and a proposed timetable for any corrective actions not already completed. The assessment form may also note that no sanitary defects were identified.*

*ii. The System may conduct Level 2 assessments if the system has staff or management with the certification or qualifications specified by the State unless otherwise directed by the State.*

*iii. If the State reviews the completed Level 2 assessment and determines that the assessment is not sufficient (including any proposed timetable for any corrective actions not already completed), the State must consult with the system. If the*



## ATTACHMENT A

*State requires revisions after consultation, the system must submit a revised assessment form to the State on an agreed-upon schedule not to exceed 30 days.*

- iv. Upon completion and submission of the assessment form by the system, the State must determine if the system has identified a likely cause for the Level 2 trigger and determine whether the system has corrected the problem, or has included a schedule acceptable to the State for correcting the problem.*

**IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER**

Este informe contiene información muy importante sobre su agua potable.  
Tradúzcalo o hable con alguien que lo entienda bien.

**The Adam's Vegetable Oils water system did not meet  
Bacteriological Drinking Water Standards in March 2018**

Our water system violated the bacteriological drinking water standard for March 2018. As our consumers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. One routine sample collected indicated the presence of total coliform and *E. coli*, and one repeat sample indicated the presence of total coliform bacteria. The standard is that no more than one (1) sample per month may have the presence of total coliform.

**What should I do?**

- **You do not need to boil your water or take other corrective actions.** This is not an emergency, if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the well or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present.
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

**What happened? What is being done?**

Although the routine water sample tested positive for *E. coli*, the result was not confirmed, due to the lack of a significant rise in bacteriological levels. We believe that the presence of total coliform is directly related to deficiencies found with both of our wells and storage tanks. We plan to have all water system deficiencies addressed by August 1, 2018.

For more information, please contact Lee Smith @ 530-668-2030

State Water System ID#: 0605012

## CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

**Public Water System Name** Adam's Vegetable Oils

**Public Water System No.** 0605012

Public notification for the March 2018 bacteriological failure was performed by the following required method:

- Posting in conspicuous locations throughout the area served by the water system:  
List locations: \_\_\_\_\_

I hereby certify that the above information is factual.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

ATTACHMENT D



PWS ID#: 0605012		PWS Name: Adam's Vegetable Oils		Circle one: CWS / <b>NTNC</b> / TNC	
Operator in Responsible Charge (print name): Abdul Bath		Phone: 530-668-2072			
Assessment trigger date: 3-7-18		Date Assessment Completed: 3-15-18			
SEASONAL: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Reason for Assessment: MCL Failure			
Person who collected TC positive samples:		Contact info for person who collected samples: 530-			
Name of Certified Lab conducting sample analysis: California Laboratory Services					
Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
<b>1. Review of the sample sites</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Initial TC+ and E. Coli + : Routine site. Repeat TC+ : Office Outside Tap	
1.2 Was the tap area unsanitary at the time of sampling?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both sample site hose bibs drip around the lip.	
1.3 Was this sample taken from an outside faucet?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4 Was the sample taken from a swivel tap?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.5 Did the tap have a point of use treatment device on it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.6 Does the building where the sample was taken have a point of entry device?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.7 Has this location undergone any plumbing replacements or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.9 Is this location near a storage tank or dead end?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken?	June 2017				
1.12 Any other sample site issues not previously mentioned?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Review of sample protocol		Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.1 – Justin Roberts, 530-668-2097.	
2.2	Is the sampler a regular, trained sampler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Was a laboratory-provided TC sample bottle used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Was the aerator removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.5	Was the water tap flushed for at least 5 minutes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.5 – Operator stated he flushes for 1 minute	
2.6	Was the tap disinfected or flamed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.7	Did the sample get too warm prior to being placed on ice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.8	Were there other sampler errors? Describe	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.	Review of the distribution system.	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
3.1	Have any mains or service lines recently been repaired, replaced or installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.7 – at the time of the Level 2 Assessment, the operator stated that he forgot to turn the Chlorine Pump back on after taking a raw well sample.	
3.3	Have valves been recently exercised to direct flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.4	Any leaks or main breaks noted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.5	Are all of the backflow prevention devices operational and maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.15 – The distribution system has numerous deficiencies, as stated in the last inspection report (July 2017). Well 01 and Well 02 both have several well head defects that can potentially introduce contamination into the distribution. The storage tanks in the distribution are not constructed per AWWA standards and have defects that can potentially introduce contamination into the system.	
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8	Any recent pump station failures or repairs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.9	Air relief valve leaking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.10	Standing water or debris in (air relief) valve vault?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.11	Any recent power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.13	Has high turbidity been detected in the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3.14	Is there evidence of intentional contamination or vandalism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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4. Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1 Is there a presence of animals or insects in the tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.1 – potentially	
4.2 Are there breaches or holes of any sort into tank(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.2 – openings at the non-screened vents	
4.3 Is there any presence of animal droppings around openings, vents or overflows?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.3 – not able to climb tanks due to lack of properly constructed tanks.	
4.4 Is there sediment buildup and floating debris in tank(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.4 - unknown	
4.5 Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.10 – unknown	
4.6 Are the vents and overflows protected against entry from animals, insects or other contaminants?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.11 – unknown	
4.7 Are the screens damaged or not properly installed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.21 – non-conforming to AWWA standards with various defects	
4.8 Does the reservoir have a common inlet/outlet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.9 Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.10 Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.11 Was the hatch locked or secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.12 Has the tank been accidentally drained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.13 Have there been high flows through the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.14 Was there high water age in the tank (infrequent water use)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.15 Was the sample taken when the tank was at the low level mark?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.16 Failure or improper operation on tank telemetry/altitude valves/controls?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.17 Any recent repairs on the tank(s)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.18 Was there any power loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.19 Is the site secured (e.g. fencing, locked gates, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.20 Was the tank vandalized or subject to tampering?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.21 Any other storage tank issues not previously mentioned above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Pressure Tanks (if applicable)</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Indicate Element number being described.</b>	<b>Indicate Element number being described.</b>
4.22 What is the volume of the pressure tank? Attach additional sheets if needed.	119 gallons; multiple			All pressure tanks are waterlogged.	
4.23 What is the age of the pressure tank? Attach additional sheets if needed.	Unknown				
4.24 Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.	Bladder				
4.25 Did the pressure tank(s) deviate from normal operating pressure?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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4.26	Is the compressor pump running more than normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.27	Is the tank bladder water logged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.28	Is the tank damaged, rusty, leaking or have holes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.29	Was there any recent work performed on the tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4.30	Is the air relief vent (if there one) screened and facing down?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4.31	Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.	<b>Review of treatment process (if applicable)</b>	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
5.1	Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.2	Have there been any new treatment processes added or new equipment installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.3	Have there been any recent repairs of major unit processes or treatment equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.4	Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.5	Has a coagulant been added at all times the plant has been filtering water?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.6	Have there been changes in raw water quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.7	Was the settled water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.8	Was the finished water turbidity increasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.9	Have filter clogging algae caused more frequent backwashing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5.10	Have there been any failures in adding disinfectant for any length of time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11	Was water delivered that did not meet CT requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		When operator shuts the chlorine off to get a raw well sample. During time of inspection, operator forgot to turn the chlorinator back on after taking the previous raw well sample.
5.12	What is the entry point chlorine residual today? Free/Total?	0 mg/L				
5.13	Has there been any vandalism or tampering at the plant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5.14	Any other treatment plant issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

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Sources – Well(s) (Note the specific facility if any issues are found)		Y	N	N/A	Indicate Element number being described.		Indicate Element number being described.
6.1	Is there a 50 foot annular seal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.2	Is the surface seal defective or damaged or not water tight?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.3	Is there a casing vent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.6	How is the well used? (Circle if applicable)				Primary	Backup	Emergency
6.7	Are there any unprotected cross connections at the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.8	Are there any unprotected openings in the pump or pump assembly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.9	Is the pitless adapter damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.11	Has there been any recent work performed on the pump?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.12	Is the wellhead secured to prevent unauthorized access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.14	Is the wellhead at least 18-inches above grade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.15	Is there evidence of standing water near the wellhead?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6.16	Is the well pit in standing water or evidence of flooding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.17	Any other well issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Sources- Spring(s) (Note the specific facility if any issues are found)		Y	N	N/A			
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.19	Is the spring box improperly developed or poorly maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.21	Are there dead animals near the spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.22	Any other issues about springs not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Sources – Surface Water		Y	N	N/A			
6.23	Have there been algae blooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
6.24	Has the source water turned over?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

6.15 – not during the time of inspection, but given that the well is below grade, it is possible.



# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6.25	Have there been any sewer spills, source water spills or other disturbances?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.26	Any other source water issues not previously mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sources-purchased water</b>				
6.27	Water quality issues with supplier?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.28	Low disinfectant residual from supplier (typically $\leq 0.2$ mg/L)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.29	Any other purchased water issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Applicable to all sources</b>				
6.30	Has an unapproved source been used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.31	Has there been a change in sources?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.33	Any evidence of animals near the source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.36	Any other source issues not previously mentioned above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. General Operations</b>				
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.2	What were the symptoms of illness if you received complaints about customers being sick?			
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Significant Deficiencies</b>				
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.28 – at the time of inspection there was no chlorine in the system, but it is believed that typically there is a residual around 0.7 ppm.

6.30 – neither well is permitted.

Indicate Element number being described.

Indicate Element number being described.

7.3 – rain prior to routine sample.

Indicate Element number being described.

Indicate Element number being described.

8.1 – The system is aware of numerous deficiencies for Well 01, Well 02, and the distribution/storage tanks. The Division is working with the system to determine an appropriate timeline to fix the issues.

1. Attach additional sheets if needed.

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

## Additional Comments:

The water system must have all deficiencies noted above completed by August 1, 2018

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED): Yvonne Heaney

Signature: *Yvonne Heaney*

Date: 3/20/18

Water system responsible party (PRINTED):

Signature: Date:

## Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Likely reason for EC+ occurrence has been found.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. System has corrected the problem.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Were all issues identified corrected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Corrective Action Approved?	<input type="checkbox"/>	<input type="checkbox"/>	To be determined